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ABSTRACT

This document contains an educational resource guide designed to help educators provide relevant education about sexually transmitted diseases (STDs) to secondary school students in compliance with the Texas State Board of Education Rules for Curriculum. The guide, taking a pragmatic approach that emphasizes a prevention/intervention strategy, attempts to provide information which will assist students in grades 7 through 12 in making realistic decisions cocerning responsible sexual behavior. It consists of five major concept areas, each with behavioral goals, student objectives, and activities. The five concepts are: (1) what STDs are; (2) how STDs are spread; (3) avoiding STDs; (4) recognizing an STD infection; and (5) getting STD treatment. Student activity sheets, a pre-post test, and an STD summary sheet are included. A resources section lists the most frequently asked questions and answers about STDs for each of the five concepts, provides a glossary of terms, and describes a variety of health materials available through the Texas Department of Health. (NB)

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Educator's Guide to Sexually Transmitted Diseases

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EDUCATOR'S GUIDE TO SEXUALLY TRANSMITTED DISEASES

Texas Department of Health

Venereal Disease Control and Public Health Promotion Divisions

1985

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Why teach STDs?

INTRODUCTION

Sexually transmitted diseases are a major health problem for Texas youth. Approximately 25 percent of all reported cases of STDs occur in young people who are between the ages of 15 and 19. In an effort to combat this significant health problem among junior and senior high students, the Texas State Board of Education Rules For Curriculum (the Essential Elements) require that STD education be provided to students in Grades 7 and above as of the 1985-86 school year.

This educational resource guide has been prepared by the Texas Department of Health to assist educators in providing relevant STD education to this target group. A pragmatic approach has been taken that emphasizes a prevention/intervention strategy instead of the more traditional intensive biomedical approach to the study of STDs.

It is our conviction that it is not as important for students to know the details of all the STDs as it is that they emerge from an STD educational unit with adequate knowledge about the causes, transmission, symptoms, prevention and treatment of STDs to assist them in making realistic decisions concerning responsible sexual behavior. With this goal in mind, this guide consists of 5 major concept areas; each with behavioral goals, student objectives and activities. The concept area sections are related to the Essential Elements.

The guide is intended to serve as a resource - teachers may supplement or adapt material as they see fit. Additionally, print and audiovisual materials available from the Texas Department of Health are listed in the resource section.

As educators, you have a unique opportunity to impact health behaviors through preventive health education in the school system. Thank you for your support of this resource guide and for your efforts in striving toward our common goal of eliminating sexually transmitted disease in Texas' young people.

Texas Department of Health

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Dear Texas Educators:

Sexually transmitted diseases remain a significant health problem to Texans. Young adults under the age of 30 accounted for 84% of all reported cases of gonorrhea and 65% of all reported cases of primary/secondary syphilis in 1984. We believe the most effective preventive method to confront this problem is education, especially school health education.

In order to address this problem, the Texas Department of Health has prepared this resource guide to assist those who will inform young people about STDs.

An effective STD information and education program can strengthen existing control efforts to reduce the incidence of STDs and improve the health of young Texans. We encourage those persons who have expressed a willingness to reach young Texans with the facts about STDs to use this guide, and we commend those of you who take part in this worthwhile project.

Sincerely,

Ron J. Anderson, M.D.
Chairman, Texas Board of Health

Robert Bernstein, M.D., F.A.C.P.
Commissioner of Health

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American Alliance for Health, Physical Education, Recreation and Dance

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American Social Health Association

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City of Houston Health Department

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Texas Medical Association STD Committee

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Carolyn Klein, Texas Education Agency

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Charlotte Scott, Southwest Texas State University

MAGNITUDE OF THE STD PROBLEM

* In Texas, young people under the age of 30 accounted for 84% of all reported cases of gonorrhea and 65% of all reported cases of primary/secondary syphilis in 1984.

* The seven largest metropolitan centers in Texas (Austin, Corpus Christi, Dallas, El Paso, Ft. Worth, Houston, San Antonio) contributed 76% of the primary/secondary syphilis and 73% of the gonorrhea cases reported in 1984.

* The total cost of STDs in the U.S. is estimated to exceed $2 billion annually. The cost of gonorrhea alone exceeds $1.1 billion.

* 65% of all STD cases in the U.S. occur in young people under age 25.

* An estimated 10 million new cases of STD threaten the health of Americans every year:

  2 million cases of gonorrhea

  2.5 million cases of nongonococcal urethritis (NGU)

  90,000 cases of syphilis

  200,000 - 500,000 cases of genital herpes

  200,000 cases of hepatitis B

  3 million cases of trichomoniasis

  1 million cases of genital warts

* Despite these sobering statistics, probably only 25% of all gonorrhea cases and 90% of syphilis cases are reported in official statistics.

* Among the serious medical complications STDs can cause are pelvic inflammatory disease (PID), infertility, ectopic pregnancy, infant death, brain damage and tumors. Cervical, vulvar, anal and liver cancer have all been associated with STDs.

CORRELATION OF INSTRUCTIONAL ACTIVITIES TO ESSENTIAL ELEMENTS

Content Area: Health Education, Essential Elements of the State Board of Education, 1984, Texas Administrative Code

Beginning in the 1985-86 school year, the State Board of Education Rules For Curriculum (the Essential Elements) require that Texas students in Grade 7 and above receive health education pertaining to Sexually Transmitted Diseases. This educational resource package has been designed to assist educators in meeting these requirements.

Reference Requirement	Essential Element	Supporting Instructional Activities	Teacher Documentation (Date Taught)
75.44 Life Science a) (10) (E) p. 58, Grade 8 75.45 Health (a) (2) (C), p. 59, Grade 7 or 8 75.65 Health (a) (2) (B) p. 132, Grades 9-12	Investigate the causes, symptoms, prevention and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases	Concept 1 p. 19 Concept 2 p. 33 Concept 3 p. 37 Concept 4 p. 43 Concept 5 p. 47 Activities: Meet The Germs p. 57 The Handshake p. 60 Problem Situations p. 62 Uncle Bill's Advice Column p. 67 It Happened To Me p. 72 Question Box p. 77 Suggested Activities and Questions for Discussion p. 78	
75.45 Health (a) (3) (E) p. 59, Grade 7 or 8 75.65 Health (a) (3) (C) p. 132, Grades 9-12 75.65 Advanced Health Education (b) (3) (C) p. 132, Grades 9-12	Identify roles of individuals, the family, community health departments and the medical profession in controlling sexually transmitted diseases	Concept 3 p. 37 Concept 5 p. 47 Activities: Meet The Germs p. 57 The Handshake p. 60 Problem Situations p. 62 Uncle Bill's Advice Column p. 67 It Happened to Me p. 72 Buzz Group Situations p. 75 Question Box p. 77 Suggested Activities and Questions for Discussion p. 78	
75.65 Health (a) (2) (C) p. 132, Grades 9-12	Demonstrate responsible behavior in prevention and control of diseases and promotion of health	Concept 3 p. 37 Concept 4 p. 43 Concept 5 p. 47 Activities: Meet The Germs p. 57 The Handshake p. 60 Problem Situations p. 62 Uncle Bill's Advice Column p. 67 It Happened To Me p. 72 Buzz Group Situations p. 75 Question Box p. 77 Suggested Activities and Questions for Discussion p. 78 Questions To Consider p. 80	

Concepts

Concept 1

What Are STDs?

CONCEPT 1: WHAT ARE STDs?

Goal: Students will acknowledge that STDs are a health risk to anyone who is sexually active.

Objective: Students will be able to give a general definition of STDs, including common causes and modes of transmission.

Content: Sexually transmitted diseases (STDs) are a major health problem to American youth. Over one-half of STD victims are under age 25. STDs (or VD as it was called in the past) are primarily passed through close intimate or sexual contact, usually by sexual intercourse.

STDs are caused by organisms which are usually transmitted person-to-person; including bacteria, fungi, protozoa and viruses. They normally live on the skin or in the warm, moist areas of the body (mucous membranes) found in the vagina, penis, mouth, rectum and eyes. On occasion, they can spread to other areas of the body.

There are more than 20 diseases now classified as STDs. Some STDs that often affect teenagers are: gonorrhea, syphilis, genital herpes, genital warts, trichomoniasis, and chlamydia.

Students need to know that anyone who is sexually active is at risk for contracting an STD. These diseases are truly "democratic" and can potentially infect anyone who is exposed, regardless of age, race or socioeconomic background.

It is possible to have more than one STD at the same time. And, it's possible to get the same STD again and again. While most STDs can be cured if they are detected and treated in their early stages, little can be done to repair any damage already done.

Untreated STDs can lead to serious health problems; including sterility, blindness, heart disease and death. STDs are particularly dangerous to pregnant women and infants.

Brochure: Questions And Answers About STDs For Young Adults

Suggested Activity: Meet The Germs p. 57

STD FACT SHEETS*

ACQUIRED IMMUNE DEFICIENCY SYNDROME

OTHER NAME: AIDS

ORGANISM: Virus, transmitted through sexual contact, contaminated needles (such as those used by intravenous drug abusers) and transfusions. The AIDS virus attacks the body's immune system, its natural defense against disease.

INCUBATION: May be from 6 months to several years.

TYPICAL SYMPTOMS: Fever, weight loss, severe tiredness, swollen glands, and diarrhea. All these symptoms tend to last a long time and gradually get worse. Because the immune system does not work well, people with AIDS can get severe pneumonia or unusual types of cancer, especially of the skin.

DIAGNOSIS: A new laboratory test for antibodies to the virus is currently available, but diagnosis is still very complicated. Requires medical exam.

TREATMENT: Although there are treatments for some of the complications of AIDS, there is presently no cure for AIDS. There has been no way to get the immune system going again once the AIDS virus has damaged it.

DANGER: Nearly half of all patients with AIDS have died.

COMMENTS: AIDS occurs most frequently in gay or bisexual men. Some drug abusers also get AIDS. Male and female sex partners of persons with AIDS or at risk for it have become infected. Some heterosexual men and women, including prostitutes, have had AIDS.

* From Yarber, William, STD: A Guide For Today's Young Adults, American Alliance For Health, Physical Education, Recreation and Dance, Reston, Va., 1985.

CHLAMYDIAL INFECTIONS

OTHER NAMES:	Chlamydia: Chlamydia trachomatis
ORGANISM:	Bacteria: Chlamydia trachomatis. Passed during sexual contact; infants can become infected during vaginal delivery. Highly contagious.
INCUBATION:	2-3 weeks for males; usually no symptoms in females.
TYPICAL SYMPTOMS:	Symptoms tend to develop slowly and are often mild. Many cases have no symptoms. Females: sometimes a slight vaginal discharge; itching and burning of vagina, painful intercourse; abdominal pain; fever in later stages. Males: discharge from penis; burning and itching at urethral opening; burning sensation during urination.
DIAGNOSIS:	Difficult to diagnose; culture test can determine disease, but many private doctors and hospitals do not have it; diagnosis is often by ruling out gonorrhea with appropriate tests; a more rapid test involving microscopic examination of discharge from urethra or cervix has been recently developed. This test may be available in some clinics.
TREATMENT:	Curable with antibiotics (not penicillin).
DANGER:	If untreated, can cause sterility, premature and stillbirths, infant pneumonia and eye infections in infants which can lead to blindness.
COMMENTS:	Widespread in USA with an estimated 2 million people getting the disease annually. About one-half of the nongonococcal urethritis cases in men and pelvic inflammatory disease cases in women have been attributed to chlamydia. Many persons with gonorrhea also have chlamydia.

GARDNERELLA VAGINITIS

OTHER NAMES:	Nonspecific vaginitis
ORGANISM:	Bacteria: Gardnerella vaginalis and possibly other bacteria. Passed by genital contact with an infectious person.
INCUBATION:	Varies.
TYPICAL SYMPTOMS:	Most persons don't have any symptoms; especially rare in males. Female symptoms may include a slight grayish or yellow odorous vaginal discharge and a mild itching or burning sensation.
DIAGNOSIS:	Microscopic slide, chemical analysis of vaginal material, and culture test from infection site.
TREATMENT:	Curable with antibiotics and vaginal creams or suppositories.
DANGER:	Recently, this condition has been associated with prematurity and other abnormal pregnancy outcomes.
COMMENTS:	Disease is still not fully understood. Some health experts believe that more females seek treatment for this disease than for any other type of vaginitis. Males may carry the bacteria and need treatment along with the female partner to prevent reinfection.

GENITAL HERPES

OTHER NAMES: Herpes simplex virus

ORGANISM: Virus: Herpesvirus hominis. Virus can be found anywhere on the body, but is usually found in the genital area. Passed by direct contact with infectious blisters or sores usually found on the genitals, anus, or mouth.

INCUBATION: From a few days to about 3 weeks.

TYPICAL SYMPTOMS: Formation of painful blisters or sores on the genitals, rectum, or mouth that break, crust over, and heal in 2-4 weeks. Females may have sores on the cervix without pain. Sores may reappear throughout life, although they heal faster and occur less frequently with time. Factors like stress, fatique, and other illnesses may trigger recurrence of sores in some people.

DIAGNOSIS: Visual examination, Pap smear, microscopic slide examination of fluid from sore, tissue culture.

TREATMENT: No medicine can cure herpes at the present time; medications are sometimes given to relieve pain, to shorten the time of sores, or to prevent bacterial infections in the open sores.

DANGER: Women with HSV may be at greater risk of developing cancer of the cervix (these women should get a Pap test every year). Herpes can be fatal to infants who acquire the disease, with many other infants suffering permanent brain damage. The baby can be protected by Caesarean delivery, especially if the mother has an active case at the time of delivery.

COMMENTS: An estimated seven million persons are affected by new or recurrent episodes of genital herpes annually. Infected persons should avoid intimate or sexual contact with others when blisters or sores are present. The American Social Health Association has developed a service for persons with herpes infections, called the Herpes Resource Center. It provides self-help support groups and a quarterly newsletter. For more information, write to: Herpes Resource Center, Box 100, Palo Alto, California 94302.

GENITAL WARTS

OTHER NAMES:	Venereal warts; condyloma acuminata
ORGANISM:	Human papillomavirus. Transmitted by direct contact with warts in the genital and anal areas.
INCUBATION:	6 weeks to 8 months.
TYPICAL SYMPTOMS:	Some persons may not have symptoms. Others have warty growths around the genital and anal areas.
DIAGNOSIS:	Usually identified by observation of warts. Biopsy (skin examined under microscope) might be done in unusual cases.
TREATMENT:	Medication applied to warts, freezing or laser therapy, or surgical removal.
DANGER:	Can grow to large size and obstruct vagina, urethra, or anus. Can be transmitted to infant during birth. Some recent studies have suggested an association between certain human papillomaviruses and cervical cancer.
COMMENTS:	Common.

GONORRHEA

OTHER NAMES: GC, clap, drip

ORGANISM: Bacteria: Neisseria gonorrhoeae. Typically passed by direct contact between the infectious mucous membranes, e.g., genitals, anus, and mouth, of one person with the mucous membranes of another. Contaminated fingers can pass the organism from infected mucous membranes to the eyes. Catching disease from objects is very unlikely.

INCUBATION: Usually 2-10 days, but possibly 30 days or more.

TYPICAL SYMPTOMS: Genitals (penis or cervix), anus, throat, and eyes can be infected. Males: burning urination and pus discharge for infection of urethra (5-20% have no symptoms). Females: may have vaginal discharge, although up to 80% have no symptoms for cervical infection. Both sexes: mucous discharge from anus, blood and pus in feces, irritation of anus for infection of rectum; often no symptoms or mild sore throat for gonorrhea of the throat. Infection of eyes is rare in adults.

DIAGNOSIS: Microscopic observation of discharge; culture from possible infection site.

TREATMENT: Curable with antibiotics.

DANGER: Pelvic inflammatory disease (PID), sterility in both sexes, arthritis, blindness, meningitis, heart damage, kidney damage, skin rash, ectopic pregnancy, and eye damage in newborns (acquired from mother's vagina during childbirth).

COMMENTS: Number one reportable communicable disease in the USA with an estimated 2 million cases yearly at a cost of $1 billion. Pelvic inflammatory disease (PID) occurs in 15% of females infected. Gonorrhea is a major cause of sterility, particularly in women. Some strains of gonorrhea have become more resistant to penicillin in recent years. Thus, higher doses of penicillin have been required to cure the disease. One strain, penicillinase-producing Neisseria gonorrhoeae (PPNG), is resistant to penicillin, but can be cured with other drugs.

HEPATITIS

ORGANISM:	Virus: Hepatitis A or B. Virus found in saliva, blood, semen, urine, and feces. Passed by sexual contact including anal or oral sex. Can be passed nonsexually from shared razors, toothbrushes, needles, eating utensils, and other similar objects. Hepatitis A can be passed from food or water that contains fecal material.
INCUBATION:	Hepatitis A: 15-50 days Hepatitis B: 45-160 days
TYPICAL SYMPTOMS:	Some persons may not have any symptoms. Others have nausea, fever, loss of appetite, dark "cola-colored" urine, abdominal discomfort, jaundice (yellow eyes and skin), and enlarged liver.
DIAGNOSIS:	Blood test.
TREATMENT:	No medical cure. Most persons recover within 6 to 8 weeks. Bed rest, good nutrition, and avoidance of alcohol and drugs are recommended.
DANGER:	Can cause severe illness, liver damage, and death; premature birth or spontaneous abortion; infant may be born with Hepatitis B acquired from mother.
COMMENTS:	At least one-half million persons affected annually. Hepatitis A can be prevented or lessened by an injection of immune serum globulin within 2 weeks following exposure. Homosexual males are at high risk for Hepatitis B. A vaccine for Hepatitis B is now available.

PEDICULOSIS PUBIS

OTHER NAMES:	Crabs, pubic lice, cooties
ORGANISM:	Louse: Phthirus pubis. Passed by direct contact with infested person or by infested sheets, towels, and clothing.
INCUBATION:	Eggs hatch after 3 to 14 days.
TYPICAL SYMPTOMS:	Some persons may not have any symptoms. Others have intense itching, blue or gray spots, and insects or nits (eggs) in the pubic area. Also may have pinhead-size blood spots on underwear.
DIAGNOSIS:	Microscopic examination of nits on hair and locating adult lice adhering to hair.
TREATMENT:	Cured with special creams, lotions, or shampoos that can be bought at drugstores. Some products require a prescription while others do not.
DANGER:	None.
COMMENTS:	To prevent getting the disease again, treatment of sex partner is necessary. Further, clothing and bed sheets should be thoroughly washed using hot water.

SYPHILIS

OTHER NAMES:	Syph, bad blood, the pox
ORGANISM:	Bacteria: Treponema pallidum. Passed by direct contact with infectious sores or rashes.
INCUBATION:	Ten days to 3 months, with average of 21 days.
TYPICAL SYMPTOMS:	Primary stage: painless chancre (sore) at site of entry of germ, swollen glands. Secondary stage: symptoms usually appear 1 week to 6 months after appearance of chancre and may include rash, patchy hair loss, sore throat, and swollen glands. Primary and secondary sores will go away even without treatment, but the germs continue to spread throughout the body. Latent syphilis: may continue 5-20+ years with no symptoms, but the person is no longer infectious to other people. A pregnant woman can transmit the disease to her unborn child (congenital syphilis). Late syphilis: varies from no symptoms to indications of damage to body organs such as the brain and heart.
DIAGNOSIS:	Physical examination, microscope slide from sore, blood tests.
TREATMENT:	Easily cured with antibiotics.
DANGER:	Severe damage to nervous system and other body organs possible after many years: heart disease, insanity, brain damage, and severe illness or death of newborns.
COMMENTS:	Symptoms may imitate those of other diseases; damage done to body is permanent; treatment of pregnant women with syphilis is necessary to prevent damage to fetus.

TRICHOMONIASIS

OTHER NAME:	Trich
ORGANISM:	Protozoan: Trichomonas vaginalis. Usually passed by direct sexual contact. Can be transmitted through contact with wet objects, such as towels, washcloths, and douching equipment.
INCUBATION:	4 to 20 days, with average being 7 days.
TYPICAL SYMPTOMS:	Many women and most men have no symptoms. Females: white or greenish-yellow odorous discharge; vaginal itching and soreness, painful urination. Males: slight itching of penis, painful urination, clear discharge from penis.
DIAGNOSIS:	Microscopic slide of discharge; culture test; examination.
TREATMENT:	Curable with an oral medication.
DANGER:	Long-term effects in adults not known. There is some evidence that infected individuals are more likely to develop cervical cancer.
COMMENTS:	Very common.

Concept 2

How STDs Are Spread

CONCEPT 2: HOW STDS ARE SPREAD

Goal: Students will identify responsible sexual behavior as being the best way to control the spread of STDs.

Objective: Students will recognize that STDs are usually spread by intimate, sexual contact.

Content: STDs are generally spread by direct intimate or sexual contact. Sexually transmitted diseases are usually passed when STD germs come in contact with mucous membranes, including the penis, vagina, rectum, mouth and eyes.

STDs are rarely contracted from objects. It is almost impossible to get an STD from objects such as door knobs, toilet seats or drinking glasses since light and air destroy STD organisms.

Sometimes a person who has an STD will have signs of infection, but not always. Although STDs are not inherited, it is possible for a pregnant woman to pass syphilis and AIDS to her unborn infant or for an infant to acquire some STDs as he/she passes through the vagina at birth (e.g. herpes and chlamydia).

The more sexual partners one has, the greater the risk of exposure to STDs. Responsible sexual behavior is the most effective method for limiting the spread of STDs. Abstinence, mutual fidelity with an uninfected partner and choosing partners carefully are examples of making responsible choices that can reduce individual risk and help control the spread of STDs.

Suggested Activities: Meet The Germs p. 57
The Handshake p. 60

Concept 3

Avoiding STDs

CONCEPT 3: AVOIDING STDs

Goal: Students will be able to identify and plan strategies to help prevent STDs.

Objective: Students will be able to name at least 3 of the most effective methods to help prevent STDs.

Content: Effectively avoiding STDs requires both knowledge and making responsible behavioral choices. The most certain way of avoiding STDs is to abstain from sexual activity, or to be mutually faithful to a partner who is also free from STDs.

If sexually active, there are methods to reduce the chances of contracting an STD. However, there are no absolutely guaranteed methods to prevent STDs for people who are sexually active. It's important that the following suggested preventive measures be used carefully and regularly.

Condoms - Can protect both males and females and are one of the best defenses against STDs. However, the condom must be put on before and kept on during any sex act - not just intercourse.

Selecting Partners - Making responsible choices about sexual partners can help avoid STDs. Avoiding partners who have other sexual partners and observing a partner for signs of STD infection can help reduce exposure to STDs.

Washing After Sex - Washing with soap and water after sexual contact may help remove some STD organisms that have not yet entered the skin.

Urinating After Sex - Particularly for males, urinating after sex may help flush out some STD germs.

Contraceptives - Use of contraceptive foam, cream, jelly and the diaphragm may help prevent STDs. Using foam and condoms together is very effective. The Pill and IUD do not prevent STDs.

Checking For Signs of STDs - Looking for sores, pus or rashes in the genital areas should be done by both partners before sex begins. Sexual activity should be avoided if either has any signs of STDs. But remember - a person can still have an STD even without having any symptoms.

Handout: How To Keep From Catching STDs

Suggested Activities: Meet The Germs p. 57
Problem Situation 1 p. 62
Uncle Bill's Advice Column 1 & 2 p. 67

How To Keep from Catching STDs

FOR YOUNG ADULTS

The only 100% guaranteed way to avoid catching STDs is to:

Not have sexual contact

While there is no other absolutely guaranteed way to prevent STDs, these will help

- **Use condoms**
- **Stay with one sexual partner**
- **Choose your sex partners carefully**
- **Wash genital area after having sex**
- **Urinate after sex**

REMEMBER:

If you think you might have an STD — SEE A DOCTOR

and

Get regular STD checkups if you're sexually active

Concept 4

Recognizing An STD Infection

CONCEPT 4: RECOGNIZING AN STD INFECTION

Goal: Students will be able to recognize general signs and symptoms associated with STDs.

Objective: Students will be able to name 3 general warning signs of STD infection.

Students will be able to state the possibility of asymptomatic STD infection, particularly in females.

Content: STDs can produce suspicious physical changes that can be the first clues indicating the necessity of getting medical treatment.

The general signs of STD infection include:

Painful Urination - Burning or frequent urination can indicate the presence of STDs. In males, pain during urination is sometimes the first sign of an STD.

Genital Discharge - In males, pus may come from the penis. In females, discharge may be slight and go unnoticed.

Skin Changes - Rashes, sores, bumps, blisters, warts - especially in the genital area.

Genital Itching - May be a sign of Pediculosis pubis (crab lice) or scabies. In women, itching may indicate candidiasis (yeast) or other vaginal infection.

Abdominal Pain - Especially in women. May also include bleeding between periods. Can be a sign of pelvic inflammatory disease (PID).

Some people with STDs may have one, or several of these warning signs. Many others (particularly women) may have no signs at all, the signs may be hidden, or they may go unnoticed.

Recognizing STD infection in women is often more difficult and not as obvious as in males since female reproductive organs are internal. Many STD infections in females are cervical, not vaginal, and this can make signs of STD less obvious. Many women who have an STD don't know they are infected. While about 20% of men with gonorrhea have no noticeable signs, about 80% of women with gonorrhea have no early, noticeable signs.

It's important that sexually active people (and especially those with more than one partner) be able to recognize and respond to any suspicious signs of STD in their own, or their partner's body.

Anyone who suspects an STD infection should **immediately**:

Stop Having Sex - To prevent giving an STD to anyone else before it can be treated.

See A Doctor - Self-diagnosis or waiting to see if symptoms disappear on their own will only make the situation more serious if infection is present.

Get Partner(s) To Treatment - This is critical in breaking the chain of infection and reinfection when STDs are present.

Suggested Activities: Problem Situation 2 p. 62
Uncle Bill's Advice Column #3, 4 p. 67

Concept 5

Getting STD Treatment

CONCEPT 5: GETTING STD TREATMENT

Goal: Students will be able to locate and, if necessary, utilize local STD treatment facilities.

Objective: Students will recognize the importance of seeking prompt medical care if they suspect an STD infection.

Students will state 2 places to get STD treatment in their community.

Students will give 3 reasons why it is critical for sex partners to be referred for STD evaluation if infection is suspected.

Concept: If STD infection is suspected due to the presence of STD signs or symptoms, or if a partner is known to have an STD, immediate medical care is vital. The sooner medical help is obtained, the less likelihood of serious health damage or giving a potential STD to someone else. Only a doctor can diagnose STD - don't wait or attempt self-diagnosis.

In Texas, minors can be treated for STDs without parental consent or knowledge. All treatment is confidential.

The major places to get help for STDs are:

Private Doctors

Public Health Clinic - Health Department Clinic, or sometimes a specific clinic for STDs. The phone book listing is sometimes found under the county or city government section.

Family Planning Clinic

Hospital Outpatient Department Clinic

Locations of local STD treatment sites are available by calling the:

VD NATIONAL HOTLINE
1-800-227-8922
Toll Free
(10 a.m. - 10 p.m. C.S.T.)

Free or low cost treatment is available in public health clinics, and no one should postpone medical care for lack of funds.

Since tests for STDs aren't always a part of a routine doctor visit, be sure to ask specifically for STD testing. The doctor should be informed of any symptoms, if a partner has an STD, and when exposure took place.

An STD visit will include a physical exam, taking a blood sample from the arm, and fluid from the genitals using a cotton swab.

Since there are many STDs, treatment will vary, but may include injections, pills or creams. Effective treatment involves:

*Taking Medicine Exactly As Instructed
*Not Sharing Medicine With Anyone Else
*Returning To Doctor For A Follow-Up Test - if required by the doctor, this will indicate if the cure was successful.
*Stop Having Sex - until cured; to prevent giving the STD to anyone else.
*Asking Questions Of Health Personnel - to make sure all instructions are understood.
*Refer Partners For Treatment

Getting sexual partners to treatment can:

Prevent Serious Illness In Partners - Since partners have been exposed, they need to be checked. And since many people have no STD warning signs, serious damage to their health could occur before they were aware of having an STD.

Prevent Reinfection - The untreated partner can reinfect the treated partner, or reinfection can occur if sexual activity resumes before partners are cured.

Help Control The Spread Of STDs - Breaking the chain of infection can happen only if infected people are treated promptly - especially if they have other partners.

People with STDs will be asked to name their sexual partners at the time of diagnosis. This is to be sure that partners can be treated too. The patient can inform his or her partner(s), or a clinic "disease intervention specialist" or "casefinder" can inform them that they need a checkup without ever mentioning the contact's name. All STD treatment is confidential.

Since STDs may be asymptomatic, sexually active people should have regular STD checkups, asking specifically for STD tests.

Handout: STD Treatment and Information Sources (Students should research and complete the handout sheet using information from local phone book, local community agencies, etc.)

Suggested Activities: Problem Situations 2,3 p. 62
Uncle Bill's Advice Column #5 p. 68
It Happened To Me p. 72
Buzz Group Situations p. 75
Question Box p. 77
Suggested Activities & Questions p. 78
Questions To Consider p. 80

STD TREATMENT AND INFORMATION SOURCES

Sources for STD Treatment in Your Community:

1. _____
(name of clinic, facility, or physician)

_____
(address)

_____ _____
(hours) (phone)

2. _____
(name of clinic, facility, or physician)

_____
(address)

_____ _____
(hours) (phone)

Minors can get STD treatment without parental consent in every state. That's the law.

Sources for STD Information in Your Community:

1. _____ 2. _____

_____ _____

_____ _____

_____ OR _____

To learn of the closest STD medical care or to get the latest information about STDs, call the toll-free

VD NATIONAL HOTLINE

at

1-800-227-8922
(10 a.m. - 10 p.m. C.S.T.)

STD Summary Sheet

STD SUMMARY SHEET

Sexually transmitted diseases (STDs) are a major health problem. About 2.5 million teenagers are affected annually. Untreated STDs can lead to sterility, pelvic inflammatory disease, infant damage and death, blindness, mental illness, and heart disease. Anyone, regardless of sex, race, or social status, can get an STD.

WHAT ARE STDs? Scientists now know that many diseases can be passed sexually or by intimate contact. Hence, a new term--sexually transmitted disease--is used instead of venereal disease. Some important STD are: gonorrhea, syphilis, chlamydia, trichomoniasis, genital warts, AIDS, and genital herpes.

HOW STDs ARE SPREAD: STDs are caused by germs usually passed during intimate sexual behavior. An infected mother can pass an STD to her child. And, females can develop some genital infections, such as candidiasis (yeast) that are not acquired from sex. A person can get the same STD many times, and can have more than one STD at the same time.

AVOIDING STDs: Not having sex with anyone is the only sure way of not getting an STD. Two people having sex with only each other is the next best method,if both are free from STDs. Persons with several partners have the greatest chance of getting an STD. They can reduce the chances of getting STDs by using condoms properly and avoiding people with STD symptoms, or those who have many partners. Washing the genitals after sex, urinating after sex, and using a diaphragm, contraceptive foam, cream or jelly may also help. Persons with multiple partners, especially females, should have regular checkups.

RECOGNIZING AN STD INFECTION: Persons having sex, especially those with several partners, need to be alert to the signs of STDs. The major STD signs are (1) genital discharge (2) abdominal pain (3) pain during urination (4) skin changes (5) genital itching. The signs are sometimes hidden or not present. Males usually have more noticeable signs than females. For some STDs, the signs disappear without the disease being treated. But, most STDs can be passed when the signs are not present. Persons suspecting an STD should stop having sex, go to a doctor, and get their partner to a doctor.

GETTING TREATMENT: Persons who think they might have an STD should not try to diagnose or treat themselves. Only a doctor can do those things. Most STDs can be cured easily and quickly. There may be no damage if the STD is treated early. STD treatment is available from (1) private doctors (2) STD clinics (3) family planning clinics (4) hospitals. A person can call the health department (usually listed with government numbers) to learn where STD treatment is given in his or her community. Or, to find out the location of the nearest STD clinic, call (toll free) the VD National Hotline at 1-800-227-8922. In every state, minors can get STD treatment without parental consent. Anyone being treated for an STD should follow the doctor's instructions exactly.

Persons with an STD should be sure to get their partner(s) to medical care. One can tell him or her in person or over the phone that he or she might be infected. A person can ask the doctor to have the partner informed by a public health casefinder.

Efforts by individuals are the best way of stopping the STD epidemic. This is done by being responsible for one's health and the health of any sex partners. A person can also help wipe out STD myths by being a source of accurate STD information. And, one can be helpful and supportive of a friend who gets an STD.

Student Activities

STUDENT ACTIVITY

MEET THE GERMS

Source:
Alabama Department of Public Health
Alabama Junior Federation of Women's Clubs
The National Foundation - March of Dimes

CAST:
ANNOUNCER.....(ANN)
SYPHILIS..... (S)
GONORRHEA..... (G)
"TRUTH" AGENTS ...(N.1)
(N.2)

Written by and adapted from
Nurses of Mastin School of Nursing
Mobile, Alabama

ANN: This morning we have the first filmed interview with two individuals you rarely see, but hear about -- quite a lot. And to get the program started, straight from his home in warm body linings, heeeeere's Syphilis!

S: (SYPHILIS STRUTS ON STAGE AND WALKS AROUND; FINALLY BREATHES INTO A MIKE.) You can call me "Syph" or "Bad Blood" for short.

ANN: And now, here's your favorite enemy, and mine, Gonorrhea.

G: (GONORRHEA DRAGS ON STAGE) I may be Gonorrhea to you, but most people call me "Clap" or "Drip." (LOOKS PROUD)

ANN: Can you tell us a little about yourselves?

G: I don't like to waste time. My work is important to me. I like to get the job done quickly.

S: (TIREDLY) Moving so fast just tires me out. I move slowly, and then strike anywhere or everywhere.

N.1: Syphilis is right, you know. Once he gets into your body, he's in your bloodstream. The signs and symptoms appear after a 10-90 day incubation period (21 days average). First sign is a painless sore that appears usually in the genital area. It'll go away, and 2 to 6 months later you may get a rash on your body. If you don't seek treatment, you can seem okay for years and then be crippled, blinded, go insane, or die!

N.2: Gonorrhea shows slight signs within 2-10 days. Men usually burn upon urination, or have a whitish pus-like discharge from the penis. Women often have no signs or symptoms. Gonorrhea can have serious complications if left untreated, whether there are symptoms or not.

ANN: Now, we have a few cards and letters we'd like for you to answer. The first question comes from a lady in the Texas Panhandle. She asks, "How does someone catch you two?"

G: Well look, if you want to catch me, just get on <u>any</u> toilet seat.

S: Or kiss your favorite guy, or drink after someone who has one of us. We're not hard to catch.

N.1: Don't let them kid you. You <u>can't</u> get STD off a toilet seat, door knobs, in swimming pools, or eating after someone. You get STDs from sexual contact.

N.2: Patsy Venus from San Antonio has written to ask, "Would it be possible to have both of you at the same time?"

G: No, sorry; we've never been able to work together. He's too slow. (SMIRKS)

N.1: Are you going to believe THAT? A person can catch both syphilis and gonorrhea at the same time, and again and again and again.

PERSON IN AUDIENCE: Will soap help?

G: Oh, I hate soap!

S: You can only be certain with soap.

N.1: I beg to disagree. Cleansing with soap may help. But often those germs get inside the body where soap can't reach. (LOOKS AT THE PERSON IN THE AUDIENCE WHO ASKED THE QUESTION AND SAYS:) I'm sorry, but the best prevention is not to have sex at all. After that, sticking with one sex partner and using condoms are the next best choices.

ANN: Now we have a question from 14-year-old Susie Sweet in Love, Texas. Susie doesn't know what her parents would say if they knew she kept company with you.

G: Susie's probably a real sweet girl. Who says her parents have to know if we've been seeing each other?

S: We've been in close contact with each other for a while now, and nobody has ever suspected. And you know, I'll probably be around for a long time after she's forgotten me.

N.2: Wait just a minute. We can get rid of you two easily! You're not as strong as you think you are. Just a few shots of antibiotics and you can kiss Susie goodbye.

N.1: But at least you two have been a little honest. It is possible for anyone to be diagnosed and treated for STDs without parental consent. This is possible through your local health department...free or at low cost...or your private doctor.

ANN: This concludes our interview with these two questionable characters. Thank you for being on the program. Good night, Syphilis. (STARTS STORMING OFF STAGE); good night, Gonorrhea. Good evening, ladies and gentlemen.

S: Wait a minute. (ANGRY) Aren't you gonna give us time to do our act?

G: Yeah! It's only fair!

ANN: Sorry, fellas; your time's up. You win some -- you lose some. (SPEAKING TO AUDIENCE) Until next week, ladies and gentlemen, this has been "Meet the Germs."

STUDENT ACTIVITY

The Handshake

"The Handshake" can be used to demonstrate the transmission of communicable diseases, including STDs.

Directions: Assign a number to everyone in the class. Tell all students to shake hands with 2 other people in the room. After this, pick 3 numbers out of a hat and have the students who were assigned these numbers stand up. Explain that the students with these numbers have been designated as having contracted a communicable disease (or an STD).

Ask these 3 people to identify the people with whom they shook hands. Have the students who shook hands with the 3 standing students stand up. Explain that these people may have contracted a communicable disease from the original 3 people.

Continue asking contacts to stand up until everyone in the room has become a potential contact to the disease.

Follow this exercise with a class discussion on the spread of STDs and how common they may be in sexually active people. You might also discuss how hard it is to recall the people you might have exposed to any communicable disease (e.g. measles, chickenpox)--just as some class members might not recall with whom they shook hands.

Questions For Discussion

1) What would have happened if the first 3 students had been treated? (The spread of infection would have been prevented. Messsage: If infected, seek treatment immediately.)

2) What should the first 3 students have done to prevent the spread of infection?
(Seek treatment and tell all those they shook hands with (i.e., had sexual contact) to be treated.)

3) What would have happened if the students had worn gloves?
(i.e. condoms)

4) What if you didn't shake hands with anyone?

STUDENT ACTIVITY

PROBLEM SITUATIONS

Problem Situation 1

Problem: Tom and Pat began dating recently. Both have heard about the serious health problems STDs can cause. They agree that they don't want to get an STD.

1. What is the problem?

2. What are the important facts about the situation?

3. What are the possible actions?

4. What is the best solution?

Problem Situation 2

Problem: Beverly has been having sex with several people. Yesterday she began noticing the symptoms of an STD. She wonders what she should do.

1. What is the problem?

2. What are the important facts about the situation?

3. What are the possible actions?

4. What is the best solution?

Problem Situation 3

Problem: Charley thinks he has an STD. He wants to go to a clinic that specializes in treating STDs. But he can't find an STD/VD clinic listed in the white pages of his telephone book.

1. What is the problem?

2. What are the important facts about the situation?

3. What are the possible actions?

4. What is the best solution?

TEACHER KEY

STUDENT ACTIVITY

PROBLEM SITUATIONS

PURPOSE: To give students an opportunity to solve specific STD related problems using basic decision making steps.

Students may work individually or in small groups. Sample answers are provided below.

Problem Situation 1 - Avoiding STDS

1. What is THE PROBLEM?

   *How Tom and Pat can avoid STDs.

2. What are THE IMPORTANT FACTS about the situation?

   *Tom and Pat are dating. Their sexual activity, if any, is unknown.

   *Both want to avoid STDs.

   *Their knowledge about STDs is not known.

   *STDs are typically passed from person to person during sexual behavior.

3. What are THE POSSIBLE ACTIONS?

   *Tom and Pat can abstain from sexual behavior.

   *Tom and Pat can have sex, but only with each other.

   *Tom and Pat can have sex together and with others, being sure to use STD preventive measures.

4. What is THE BEST SOLUTION?

   *The safest solution is for Tom and Pat to abstain from sexual activity. If they decide to have sex, they should limit their activity to each other only.

Problem Situation 2 - Responding To STD Infection

1. What is THE PROBLEM?

   *Beverly thinks she has an STD and doesn't know what to do.

2. What are THE IMPORTANT FACTS about the situation?

   *Beverly is at high risk for getting an STD since she has sex with different partners.

   *Beverly may have an STD, as indicated by the symptoms.

3. What are THE POSSIBLE ACTIONS?

   *Beverly can wait to see if the symptoms go away. If they do, she might believe that she doesn't need to see a doctor.

   *Beverly can pretend that the symptoms aren't those of an STD and continue having sex.

   *Beverly can get drugs from a friend to cure the disease.

   *Beverly can stop having sex, go to a doctor, and get her partner(s) to a doctor or clinic.

4. What is THE BEST SOLUTION?

   *Beverly should stop having sex, go to a doctor and get her partner(s) to a doctor or clinic.

Problem Situation 3 - Getting Treatment

1. What is THE PROBLEM?

   *How Charley can find STD medical care.

2. What are THE IMPORTANT FACTS about the situation?

   *Charley thinks he has an STD and wants to go to an STD clinic.

   *An STD/VD clinic is not listed in the white pages of the telephone book.

*There are other ways of finding STD help, even in a telephone book that doesn't list STD/VD clinics in the white pages.

3. What are THE POSSIBLE ACTIONS?

*Charley can change his mind about going to an STD clinic and go to a private doctor or family planning clinic instead.

*Charley can ask a treated friend for the location of an STD clinic.

*Charley can find the health department listing in the telephone book and call it for information.

*Charley can call the VD National Hotline (1-800-227-8922) and ask for the nearest STD clinic.

4. What is THE BEST SOLUTION?

*He could call the VD National Hotline or the local health department, which is usually listed in the government pages.

*If there is no clinic nearby, he could see a private doctor or go to a family planning clinic.

STUDENT ACTIVITY

UNCLE BILL'S ADVICE COLUMN

Pretend that your name is Uncle Bill and you have an advice column that appears in the newspaper. People send letters to you about personal problems, and you suggest a solution.

DIRECTIONS: On another piece of paper, give your advice for solving the problem in each letter below.

Letter # 1

Dear Uncle Bill:

I've been dating a girl for 2 months. Sometimes we have sex. I think that my girlfriend might be having sex with some other guys, but I'm not sure. I'm afraid that she might get an STD and then give it to me. I sure don't want an STD. What should I do?

Worried Willie

Letter # 2

Dear Uncle Bill:

James and I have been dating for about a month, and he has been pressuring me to have sexual intercourse. He says that he loves me and that if I loved him I would want to have sex too. Even though I really like him, I don't feel that I am ready for intercourse. Besides, I don't want to take a chance of getting an STD or becoming pregnant. I'm not sure if he has other girlfriends. How can I say no to him so that he won't drop me?

Not-Ready Nancy

Letter # 3

Dear Uncle Bill:

I've been having sex with some different people. Lately, I've started to worry about getting an STD. I've seen announcements on TV. If I ever got an STD, I would want to know right away. How will I know if I get one?

Concerned Chris

Letter # 4

Dear Uncle Bill:

David and I have been dating, and recently he noticed some pus coming from his penis. He found out from a doctor that he has gonorrhea. He thinks I gave it to him since he says he's been faithful to me. I've had sex with other guys, but I don't have any STD signs. I wouldn't want to give David an STD. He asked me to see a doctor. But I don't want to. Wouldn't I have signs by now if I had an STD since David has already shown signs?

Signless Susie

Letter # 5

Dear Uncle Bill:

I just learned from an STD clinic that I've got an STD. I want my boyfriend to see a doctor too. But I'm afraid that he'll get very upset if I tell him that he might have an STD. What should I do?

Scared Sharon

TEACHER KEY

STUDENT ACTIVITY

UNCLE BILL'S ADVICE COLUMN

PURPOSE: To provide opportunities for solving STD related problems. Students can work individually or in small groups. Sample responses are provided for each letter.

Letter # 1
(Avoiding STDs)

Dear Worried Willie:

The surest way you can avoid getting an STD is to stop having sex. If you don't want to do that, you should try to talk to your girlfriend about your concern. You should inform her about STD prevention techniques like the condom and limiting the number of sex contacts. Also tell her about the early STD signs, and that many women don't have noticeable early signs. Suggest that she have regular STD checkups if she has other partners. If you think she will continue being sexually active with others, you can stop having sex with her, or you can use preventive techniques like the condom.

Uncle Bill

Letter # 2
(Avoiding Unwanted Sexual Behavior)

Dear Not-Ready Nancy:

Tell him that even though you really like him and want to continue dating, you don't want to have intercourse. Say that intercourse is never a way to prove one's love for someone else. Continue by stating that if he really loved you, he wouldn't push you into something you don't want to do. Emphasize that a dating couple can have a good relationship without having sex. If he cannot accept your position, then possibly he is not the type of person you want to be dating.

Uncle Bill

Letter # 3
(Recognizing STD Infection)

Dear Concerned Chris:

Since you have sex with different people, you have a greater chance of getting an STD than if you had just one, or no partners. The major early signs of STDs are genital discharge, abdominal pain, painful urination, skin changes, and itching. You might have an STD if you get any, or some of these signs. The main thing for you to do is to pay close attention to your body (particularly the genitals) for the early signs. If any of them appear, you should go to a doctor immediately. Certainly you should seek medical care if a sex partner gets an STD. Lastly, you can reduce your chances of getting an STD by decreasing your number of partners and using the condom.

Uncle Bill

Letter #4
(Recognizing STD Infection)

Dear Signless Susie:

No, you might not have any signs if you are infected. Many women who get an STD don't have any early signs. It's highly possible that you have an STD if David did. And if he's been faithful to you, then it's nearly certain you are infected and that you gave it to him. You should see a doctor immediately so the possible STD can be treated before permanent health damage occurs. Don't have sex until you're cured. And, be sure to tell your partners that they probably have been exposed to an STD.

P.S. Thank David for telling
you about his infection.

Uncle Bill

Letter #5
(Getting Partners To Treatment)

Dear Scared Sharon:

If you are afraid of talking with your boyfriend about your STD, ask your doctor or a person at the clinic to inform him. An STD public health casefinder will then be assigned to talk with him. Casefinders are skilled at informing sex partners. They talk privately with the partner, without scolding him or her or giving your name. You will be doing a good thing in helping get your partner to treatment. It will probably help keep him from getting really sick and from passing on the STD.

Uncle Bill

STUDENT ACTIVITY

IT HAPPENED TO ME
(Adapted from skit by Paula Smiley and Jeff Haviland)

"I don't believe it! I'm only fifteen. How could I have a sexually transmitted disease? He's just fifteen, and we only met two months ago. Being the person he is, I never thought he could infect me or even have a disease.

"Brad is a sophomore at Hines High School. He's active in football and tennis. He's lived here all his life. He and his friends all went to the same grade school, junior high, and now high school together. I came to Hines as a freshman. The only thing I've done is go out for the drill team.

"We met in general business class and got interested in each other. We started going together and went to school activities together. We doubled with our friends and went bowling and to the movies.

"Sometimes Brad would come over to my house and swim in our pool. Occasionally he'd stay for dinner because my parents like him. We continued seeing each other for awhile, and one night he came over to my house while my parents were out of town. We were sitting on the couch watching television. Then we started messing around and we finally did it.

"A short time later, Brad began to think that something was wrong with him physically. He decided to go to a public health clinic. He found out that he had an STD. He saw me that night and told me that he had it and was surprised because he had not had sex with anyone else. I started crying. Now what are we both going to do? What will our parents say?

"I haven't told any of my friends. It's easier for a guy to tell his parents than it is for a girl to tell hers because guys are supposed to mess around. If I tell my parents, they will kill me. I will have no more dates, no movies, no more trust in me, no more anything!

"I know treatment is available, but how do I get it? If I went to my doctor, he would tell my mom. If I go to a clinic, someone might see me. Anyway, how could I get to a clinic? I can't drive.

"Maybe if I told my best friend, she could help me--but I don't think she would know what to do either."

STUDENT ACTIVITY

IT HAPPENED TO ME

Ask a female student to read "It Happened To Me" out loud.

Then have a class discussion, including the following topics:

a. Personal feelings

b. Individual responsibility

c. Should you discuss this situation with your friends?

d. Should you tell someone you are having sex with that you have or think you might have an STD?

STUDENT ACTIVITY

BUZZ GROUP SITUATIONS

The following is a set of situations and questions for buzz groups. Divide the class into groups of five and let each group choose 4-5 situations or questions they would like to discuss (or teacher may assign these). Ask each group to pick a facilitator and a recorder. The facilitator will see that the group stays on selected topics and within the time allotted; the recorder will report on the group's discussion.

Instruct the groups to discuss each chosen situation/question for 5-6 minutes. Ask them to: 1) pretend they are the concerned individual in each situation or question described 2) determine how they would handle it.

SITUATION 1: Your doctor has just informed you that you have gonorrhea. The doctor is your father's old buddy and has told you that he is going to call your father.

What will you say to your father?
What will you say to the doctor?
What are your legal rights?

SITUATION 2: You are a husband who has always been faithful to your wife. Your doctor told you that you have syphilis. When you spoke to your wife, she informed you that she must have gotten it from a toilet seat in Seattle.

Should the doctor have told you before consulting your wife?
Is your wife trying to cover up? Why?
What will you do?

SITUATION 3: You are a father. Your 16 year old son has just informed you that he has the "drips".

What will you say to your son?
What should be done about your son's sexual contacts?
Should your son's doctor say anything to you?

SITUATION 4: You are the Dean of Women at a large university. You have been informed that over 65% of the women enrolled have some form of STD.

Would you set up some type of education program? If so, what kind?
Would you inform any of the parents? Why?
Would you put some form of restriction on the girls' future actions? What kind?

SITUATION 5: You are a sexually active girl who has just been told by a sexual contact that you might have gonorrhea, even though you have no symptoms. There is no free clinic or public health clinic in your area.

Would you see a doctor? Why?
Would you wait until symptoms developed? Why?

SITUATION 6: You are a high school student who wants to know something about STDs because of suspected symptoms. There is no STD education program in your school, and your parents would be horrified if you mentioned the word.

Who could you see about getting factual information?

STUDENT ACTIVITY

QUESTION BOX

Purpose: Students may sometimes be hesitant about asking questions about STDs in front of a group. This activity will give students opportunities to ask questions anonymously and work in groups toward STD problem resolution.

Activity: Have each student write a question concerning STDs on a piece of paper and put it in a box designated for this purpose. The teacher then chooses a sampling of questions from the box for the activity.

Divide the class into small groups of 4 or 5. Assign each group a selected question. The group then discusses possible solutions, selecting the best answer.

Have each small group select a spokesperson to present the assigned question and selected response to the group as a whole. The teacher then serves as facilitator to encourage discussion of other possible answers.

STUDENT ACTIVITY

SUGGESTED ACTIVITIES AND QUESTIONS FOR DISCUSSION

1. Have students make a survey of their area for availability of clinic services. (Location, hours, cost, available public transportation). Use the form provided in Concept 5.

2. Have students survey physicians in the community to find out which have the facilities for STD testing.

3. Have students play the role of Public Health Administrators who are charged with developing laws to control STDs. List laws, rationale and problems related to implementing them.

4. Make a list, in priority order, of those with whom you would discuss your concern that you had contracted an STD and give reason for choice.

mother	close friend	new doctor
father	casual friend	guidance counselor
sister/brother	school nurse	pharmacist
classroom teacher	family doctor	
gym teacher	clergyman	

5. Your close friend has contracted an STD for the second time. What information would you share with him or her to prevent future infections?

6. If you were a parent, would you expect your high school son or daughter to confide in you that she/he had contracted an STD? Why? Why not?

7. How could you as a parent help your son or daughter confide in you?

8. What are some of the feelings you might have about telling your parents?

9. Why do states have laws permitting examination of teenagers without parental consent or knowledge?

10. Should STD tests be a part of routine physical examinations? Why? Why not? At what age should they begin?

11. Why is the STD epidemic growing?

12. Why are STDs so prevalent among adolescents?

13. What can be done in your community to control the STD epidemic?

14. Why are STDs a topic that many people are reluctant to talk about?

15. Does the fact that most STDs can be cured affect people's attitudes about protecting themselves against infection? Why?

16. Why do contacts of infected persons need to be identified to STD clinic investigators?

17. How would you feel about telling your sexual partner you had given him or her an STD?

18. How can the STD investigator help you notify your contacts of possible infection?

19. Should STD testing be mandated for all high school students?

20. Should STD testing be mandated for all women when they have a physical examination?

21. Have a public health official speak to your class about the epidemiology of STDs.

22. Have a poster contest on STD awareness.

23. Write radio spot announcements advertising the VD Hotline.

24. Discuss possible ways of using the media to stimulate interest and improve STD education in schools.

25. Ask your parents what they know about STDs.

26. If you were sexually active, could you discuss STDs with your partner? Why or why not?

From: Foundations For Decision Making - A VD Teaching Guide, American Council for Healthful Living, Orange, N.J., 1979.

STUDENT ACTIVITY

QUESTIONS TO CONSIDER

1. Would your feelings toward STD differ if the diseases were spread by the bite of a mosquito?

2. If you discovered that you had an STD and may have spread it to other persons, how would you handle it? Would you:

   a. give their names to the doctor or public health official

   b. contact them yourself

   c. do nothing

   Under what conditions would you do each, and why?

3. If you are a "nice girl" but sexually active, would you ask your doctor for STD tests as part of your regular physical exam? If not, why not? Would you prefer going to a public health clinic? If so, why? Discuss the problem of women being asymptomatic, and how women should deal with this.

4. If you are a guy, would you use a condom? Under what circumstances? If not, why not? How would you respond to a girl asking you to use one? Would you use other preventative measures? If so, why? Which ones would you use?

5. Discuss the effects STDs may have on family members and loved ones and on the relationships involved. What if you were very much interested in a person you had been dating, but after making love for the first time, you discovered this person had given you an STD. How would you handle it?

6. How would you provide STD information to other students in your school? Describe your materials and techniques.

Evaluation

Name _____

Pre-Post Test

1) What is often the first sign of STDs in some males?

_____

2) Do most females have signs of STDs? _____yes _____no

3) How are STDs spread? _____

4) State 2 things you should do if you think you might have an STD.

1) _____ 2) _____

5) If you are under 18, can you be treated in Texas for STDs without your parents' knowledge or consent? _____yes _____no

6) List 3 ways to help prevent STDs.

1) _____ 2) _____ 3) _____

7) Name 3 possible warning signs of STDs.

1) _____ 2) _____ 3) _____

8) Where can someone who thinks they might have been exposed to an STD go for treatment?

_____

9) Give 3 reasons why it is important to get your sex partners in for treatment if you have an STD.

1) _____ 2) _____

3) _____

10) Are most STDs curable? _____ yes _____ no

11) Once you have had an STD, is it possible to get it again? _____ yes _____ no

12) Give 3 examples of when you need to be examined for STDs.

1) _____ 2) _____ 3) _____

13) Name 2 ways that someone who thinks they need treatment for an STD or who wants to get an STD checkup can find out where to go in their community.

1) _____ 2) _____

14) If you are being treated for an STD, name two important things to do.

1) _____ 2) _____

15) What is the <u>most</u> certain way to avoid getting an STD? _____

TEACHER KEY

Pre-Post Test

1) What is often the first sign of STDs in some males?

A discharge from the penis (or pain during urination).

2) Do most females have signs of STDs? ____yes __X__no

3) How are STDs spread?

By close, intimate contact (usually sexual) with someone who has the disease.

4) State 2 things you should do if you think you might have an STD.
1) Go to a doctor or clinic immediately for a checkup and possible treatment.
2) Inform your sex partners and identify them to the disease intervention specialist at the clinic.

5) If you are under 18, can you be treated in Texas for STDs without your parents' knowledge or consent? __X__yes ____no

6) List 3 ways to help prevent STDs.

1) abstinence 2) limit number of sex partners 3) condoms
4) observation of partner 5) washing genitals after sexual contact
6) regular STD checkups for sexually active people 7) making sure your partner is treated if you are infected

7) Name 3 possible warning signs of STDs.

1) painful urination 2) discharge from genitals 3) genital itching
4) skin changes, especially on genitals 5) bleeding between periods or unusual cramps in women 6) abdominal pain

8) Where can someone who thinks they might have been exposed to an STD go for treatment?

Private doctor, public health clinic, STD clinic, family planning clinic, hospital outpatient clinic

9) Give 3 reasons why it is important to get your sex partners in for treatment if you have an STD.

1) To treat them if they also have an STD 2) To prevent them from reinfecting you
3) To prevent them from passing the STD on to others

10) Are most STDs curable? __X__ yes ____ no

11) Once you have had an STD, is it possible to get it again? __X__ yes ____ no

12) Give 3 examples of when you need to be examined for STDs.

1) If you think you might have been exposed to an STD 2) If you have signs of STDs
3) If you are sexually active

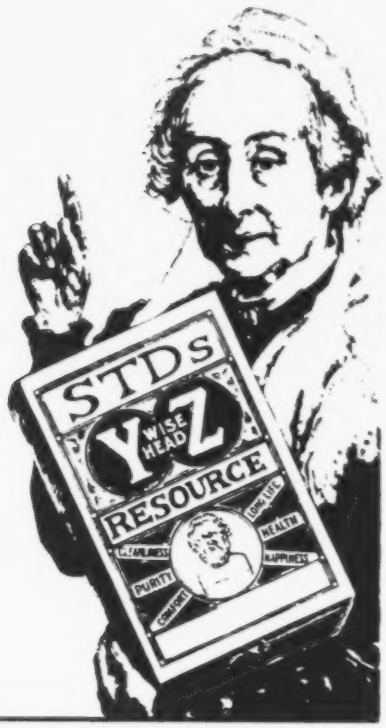
13) Name 2 ways that someone who thinks they need treatment for an STD or who wants to get an STD checkup can find out where to go in their community.

1) Look up Health Department in the phone book under the government or blue pages
2) Call the National VD Hotline (1-800-227-8922)

14) If you are being treated for an STD, name two important things to do.

1) Take medicine as directed by the doctor and don't share it with anyone else.
2) Get sex partners in for treatment

15) What is the most certain way to avoid getting an STD? Avoid sexual contact


STDs
WISE HEAD
Y Z
RESOURCE
WEALTH
PURITY
HAPPINESS
COMFORT

Resources

CONCEPT 1: WHAT ARE STDs?

MOST FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT STDs

1. Where did STDs start?

   Scientists and historians are not certain of the origins of STDs. Some think that syphilis, for example, has always existed, but did not harm people until the organism changed in some manner. There is evidence from ancient writings, art, and skeletal remains that some STDs existed in the earliest recorded history of mankind.

2. How many types of STDs are there?

   Since STDs mean diseases that are transmitted through sexual and other intimate contact, the list of STDs could be virtually endless. However, most scientists have classified about 20 diseases specifically as STDs. Some of the most important STDs, besides gonorrhea and syphilis, are genital herpes, chlamydial infections and AIDS.

3. What are the two most common STDs?

   There are about 7 million new or continuing cases of genital herpes and an estimated 3 to 10 million cases of chlamydia each year, making them the most common STDs. Since doctors aren't required to report cases of genital herpes or chlamydia to the health department, these numbers are estimates. Gonorrhea, with about 2 million cases a year, is the most common reportable STD.

4. How dangerous are STDs?

   STDs can lead to serious health problems, particularly among women and their babies. When untreated, STDs can result in pelvic inflammatory disease (PID), sterility, infant defects, blindness, heart disease, and death. Cervical cancer has been found more frequently in women with genital herpes than in women without the disease.

* From Yarber, William L., STD - A Guide For Today's Young Adults, American Alliance for Health, Physical Education, Recreation and Dance, Reston, Va., 1985.

5. Can they kill you?

As stated in the previous question, some STDs can lead to death. But, with the use of modern drugs, this is rare and certainly avoidable in the vast majority of cases. A woman developing a very serious case of pelvic inflammatory disease from an STD could die if treatment is delayed or is never obtained. AIDS, which scientists believe can be transmitted sexually, frequently causes death.

6. How long do STDs last?

A person has an STD until he or she is cured. In other words, one could have the disease for many years, including a lifetime if treatment is not sought. The symptoms may disappear, but the disease is still present. Most STDs can be cured at any time, but any permanent health damage done to that point cannot be changed.

7. Are STDs limited to lower ecomomic classes?

No, STDs affect all economic classes of individuals. People with little or no money often go to public health clinics for treatment instead of seeing a private doctor. So, it may seem as if the lower socioeconomic classes have the most STDs. All persons, regardless of race, age, sex, or socioeconomic class can get an STD. Anyone exposed to an STD organism can get the disease.

8. How many people have an STD and don't know it?

There is no estimate of the number of people infected with an STD who have no symptoms. Certainly, it is possible to have an STD without any noticeable symptoms. Women, particularly, may have an STD and not realize it. For example, about 80 percent of women with gonorrhea don't have any early symptoms. About 20 percent of males with gonorrhea also have no noticeable signs. Frequently, STDs are passed on by an infected person who has no symptoms.

9. Do teenagers get STDs more often than others?

Teenagers and young adults have the highest rates of STDs. More than one-half of all STDs occur in persons under age 25, with one-fourth involving persons who have not yet graduated from high school.

10. What are the psychological aspects of STDs?

Not only can people who get an STD suffer physically from the disease, they can also suffer mentally. Some people in our society view STDs as punishment for sexual misbehavior. Consequently, many people who get an STD develop feelings of fear, guilt and shame. They may also feel bad if they passed the STD to someone else, or they and/or their partner (or baby) suffer permanent health damage from the STD. It is hoped that someday STDs will be viewed in the same way as other communicable diseases. Then, maybe more people with STDs will seek medical help and get their partner to a doctor.

11. Is there a new STD from which people die?

During the early 1980's, a sudden increase in deaths caused by several rare diseases was reported among young, homosexual males. The diseases developed in people who had lost their natural immunity against disease. The name used to describe this condition is Acquired Immune Deficiency Syndrome (AIDS). While AIDS is primarily an STD, it can also be transmitted by other means (i.e., blood products, I.V. drug abuse). Cases of AIDS have also been reported in hemophiliacs, I.V. drug abusers and heterosexuals. AIDS is caused by the human t-cell lymphotrophic virus III (HTLV-III). At present there is no cure for AIDS, and about 70% of all cases will die within 2 years after the onset of infection.

CONCEPT 2: HOW STDs ARE SPREAD

MOST FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT STDs

1. Are STDs inherited?

   While STDs are not inherited in the genetic sense, some STDs can be transmitted from the mother to the child before or during birth.

2. Can you have an STD when you are born?

   Yes. A mother can pass an STD to her baby before or during birth. It is estimated that over 300,000 babies are damaged or die from STDs each year. But the baby can usually be spared permanent health damage if treatment begins soon enough. Therefore, any pregnant woman should have an STD checkup early in the pregnancy.

3. What germs cause STDs?

   STDs are caused by a variety of organisms that can be transmitted from person to person, like bacteria, viruses, protozoa, fungi, and very small insects. These organisms usually live in the body's mucous membranes or skin.

4. How do you get STDs?

   In most instances, STDs are passed from person to person during sexual or other intimate behavior involving the mucous membranes or skin of the penis, vagina, rectum, and/or mouth.

5. Can you get an STD without having sex?

   Some STDs can be transmitted without direct sexual contact, although this is not common. For example, crab lice may be acquired by sleeping in contaminated bedsheets. Most STDs can be passed from an infected mother to her baby before or during birth.

6. If you come in contact with an STD, what are your chances of getting it?

   Not everybody exposed to an STD develops the infection. The chances vary depending on the type of sexual contact, the person's overall state of health, and the STD involved. An individual cannot know the odds for any particular circumstance. An STD could be contracted during the first sexual contact, or it might take several exposures.

7. Can you get an STD if your partner has sex with someone else?

Yes, your partner could get an STD that could be passed on to you. The more partners a person has, the greater the chances of getting an STD. A person whose partner has sex with others should use the STD prevention techniques described in Concept 3 of this guide.

8. Are these diseases spread through conversation?

No. It is not possible to get an STD by just talking with an infectious person.

9. Can children at the age before menstruation and sperm development get an STD?

Yes, an STD could be transmitted to a person of any age by sexual contact. Babies can get an STD from the mother before being born. It would be possible, but not common, for an infant to get an STD by close, nonsexual contact with an infected parent or by contact with contaminated towels, washclothes, and other similar material. Young victims of sexual child abuse may also get an STD.

10. Can you get an STD more than once?

Yes. A person can get some STDs as often as he or she is exposed to them.

11. Can you become pregnant and get an STD at the same time?

Yes. A doctor should be seen as soon as pregnancy is suspected or known to prevent any possible damage to the infant from an STD.

12. I've heard that you can get certain types of STDs from kissing -- is that true?

This rarely occurs, but can happen if conditions are correct. For example, it is possible to acquire syphilis by kissing, if the infected person has chancres or mucous patches in or around the mouth.

13. Can STDs be caught from sitting on a toilet seat?

STDs cannot be acquired from objects like drinking glasses, toilet seats, and door knobs. Light and air destroy the STD organisms very quickly. And, toilet seats and other objects usually do not come in contact with the mucous membranes of a person's body.

14. Can any STD be transmitted by wearing someone's clothes who is infected?

It would be very rare to acquire most STDs in this manner. However, crab lice can be passed by direct contact with infected clothing.

15. Can Herpes I be transmitted to the genitals and then become Herpes II?

Herpes I, commonly called cold sores or fever blisters, can be spread to the genitals, typically during oral-genital sex. Since Herpes I and Herpes II are two related but different viruses, they cannot change into each other. But, a Herpes I infection on the genitals can cause problems similar to Herpes II, such as recurring infection.

CONCEPT 3: AVOIDING STDs

MOST FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT STDs

1. How can you keep from catching STDs?

   The best way to prevent STDs is to practice sexual abstinence. Persons with several partners have the greatest chance of getting an STD.

2. Are there other ways of preventing STDs, other than saying "no"?

   Yes. Two non-infected people having sex only with each other will prevent transmission. If one has different partners, or isn't sure about the health of the other partner, using condoms can help prevent STDs. Further, washing the genitals, urinating after sex and using a diaphragm, contraceptive foam, cream, or jelly may also help.

3. What is the most fool-proof protection against STDs?

   Sexual abstinence is the most fool-proof protection. Condoms are the best mechanical STD preventive measure. However, even condoms may not prevent the spread of some STDs unless they are properly used.

4. How can you tell before having sex if you need to use something?

   There is no sure way of determining if a partner has an STD. Therefore, one would always need to use preventive measures. Looking for STD signs is not a reliable technique. The signs may not be apparent. Certainly, one should avoid persons who do have STD signs or who have different partners.

5. Will keeping oneself clean prevent STDs?

   No. STDs are caused by specific organisms, not dirtiness. One can still get an STD from an infected person during sex, no matter how clean the person keeps himself or herself. Washing the genitals immediately after sex, however, might help prevent some STDs.

6. Should a woman on the pill encourage her partner to use a condom?

   Certainly. Oral contraceptives do not prevent STDs.

7. If you use a condom, are you totally safe?

No, not 100 percent safe. Even though the condom is considered the best mechanical STD preventive measure, it does not protect one from STDs that can enter the body anywhere or from viruses so small they can pass through the condom material. To be most effective, the condom must be placed on the penis before sexual contact and/or used during all times the penis touches the partner.

8. Will contraceptives totally prevent STDs?

As stated earlier, the condom is very effective in preventing STDs. The condom is even more effective when used with foam, since foam (or creams or jellies) also helps prevent STDs. A diaphragm may keep STDs from entering the uterus. The pill and IUD, however, do not prevent STDs. Actually, there is evidence that using the IUD makes a person more susceptible to pelvic inflammatory disease (PID).

9. How often do you need to get a checkup for STDs?

Persons with multiple sex partners, or those who feel they might be exposed to an STD, should have STD checkups regularly. This is especially true for females since they may not have symptoms.

10. If a woman goes to a doctor for a Pap test, will an STD be detected?

No, not necessarily. A Pap test will detect cancer and also may detect a herpes infection. If there are signs, the doctor might suspect an STD and do further tests. But the signs are sometimes absent in females who have an STD, particularly for gonorrhea. If a woman thinks she has been exposed to an STD, she should play it safe and ask specifically for STD tests.

CONCEPT 4: RECOGNIZING AN STD INFECTION

MOST FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT STDs

1. How long does it take before you notice that you have an STD?

   The symptoms usually appear within a few days to possibly several weeks after getting an STD. Symptoms don't always appear and are often absent in women. Sometimes a person first learns that he or she might have an STD from an infected partner.

2. How do you know you have it?

   The surest way to discover if one has an STD is to get tests from a doctor. Persons having sex, particularly those with different partners, should be alert to changes in their body and should look for STD symptoms. These symptoms are: genital discharge, abdominal pain, painful urination, skin changes and itching.

3. Can you tell by looking at a person if he or she has an STD?

   No, not usually. Sometimes a person can have an STD without having any symptoms. If one isn't sure about the sexual health of a potential partner, he or she should use the preventive methods described in the previous section of questions.

4. Can you detect the disease easily?

   Many times it is difficult for a person to detect if he or she has an STD. There are many STDs, and the symptoms are confusing, and often absent or hidden. Sometimes doctors cannot even tell by just looking. If one suspects an STD, the wisest thing to do is to get STD tests from a doctor instead of trying to self-diagnose.

5. Is it harder for a male or female to determine if he or she has an STD?

   It is usually harder for women to determine if they have an STD than it is for men. Because of the external nature of their genitals, the symptoms for males are more easily noticed. Many women with an STD don't know that they are infected.

6. Do the diseases have other signs, such as headaches, stomach aches, cramps, etc.?

   Yes, there are symptoms that are similar to those of other diseases. These signs involve skin changes, (sores, rashes, blisters, warts) abdominal pain, painful urination, genital discharge, itching, and sometimes fever. If you have such symptoms persistently, you should see a doctor.

CONCEPT 5: GETTING STD TREATMENT

MOST FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT STDs

1. Why are teenagers afraid to go to a doctor when they think they might have an STD?

   First, they might feel that someone (like their parents) would be told about their medical condition. However, all medical providers treat the records of patients confidentially. The teenager could believe that he or she will be reprimanded or punished. Yet the vast majority of medical personnel are sympathetic and supportive. The teenager might be denying the possibility of infection (i.e. he or she could be afraid of finding out the diagnosis). Some teenagers may be afraid of going to doctors. Teenagers who suspect they may be homosexual may fear that someone will find out.

2. Can all STDs be cured?

   Most STDs can be treated fairly easily and quickly. However, there are some strains of gonorrhea that have become more difficult to diagnose, although they are still curable. STDs caused by some viruses (like AIDS and genital herpes) have not been curable to date.

3. What if I don't have enough money to go to a doctor?

   One should still see a doctor even if money is a problem. Many clinics will treat a person for free, or for a small fee, if the person doesn't have much money.

4. When you have an STD, what kind of medicine can you use to get rid of it without seeing a doctor?

   For the vast majority of STDs, there are no safe or effective drugs a person could get without seeing a doctor. One should not, for example, use any drugs from a friend who had an STD. A person should not try to cure himself or herself, but should play it safe and see a doctor.

5. Where do you go for treatment?

   A person can get STD treatment from (1) private doctors (2) STD clinics (3) family planning clinics (4) hospitals. The local health department can inform one where STD treatment is given locally. Or, to find out the nearest STD clinic, a person should call the VD National Hotline (1-800-227-8922, toll free, 10 a.m.-10 p.m. C.S.T.)

6. What are the treatments like?

The procedures for diagnosing and treating most STDs are not very painful or time-consuming. A blood sample from the arm and sometimes a specimen from the genitals will be taken. Various medicines--including pills, injections, creams, lotions, and suppositories are used for treatment. Often treatment is given on the first visit, with a second treatment sometimes given later.

7. Once cured, can you get it again?

Yes, a person can get STDs over and over again.

8. If you are a minor, and you think you have an STD, does the doctor have to tell your parents?

In every state, minors can be checked and treated for an STD without parental knowledge or consent.

9. How long does the disease last even when you are taking medicine for it?

In most instances, the disease will last only for a few days when all of the medicine prescribed is taken as instructed.

10. How long can you go without medicine for an STD and have it still not affect you?

Although it depends on the disease and many other factors, damage to one's body could start very soon after getting the STD. Therefore, a person should not delay in seeking medical help.

11. What if a person is allergic to penicillin?

Medicine other than penicillin can be used to cure STDs.

12. How can you tell your parents you might have an STD?

It would be ideal if every teenager could talk with his or her parents about having an STD. Unfortunately, some cannot. The type of relationship one has with his or her parents may influence how the topic is approached. The person should be matter-of-fact in informing them of the STD and asking for help. If the parents are not supportive, or the teenager doesn't want to talk with them, he or she could talk with another adult, such as a teacher, school counselor, family physician or the counselor at the clinic.

13. What can you tell a partner to convince him to see a doctor?

One should tell the partner that STDs can lead to serious health problems, and that, for one's own health, a doctor should be seen quickly. Inform him or her that treatment is usually not painful or time-consuming and is confidential. The partner should also be told that sex cannot resume until both partners are treated. One could then volunteer to help the person find medical care and even go with him or her to the doctor.

14. What are scientists doing to cure these diseases?

Scientists are working on better tests and drugs to diagnose and treat STDs. They are also trying to develop vaccines. Even though a vaccine has been recently developed for one STD--hepatitis B--it will probably be several years before there will be vaccines for any other STDs.

GLOSSARY

Acute: Having rapid onset and a short duration.

Agent: An organism responsible for the initiation of the disease process.

AIDS: Acquired Immune Deficiency Syndrome. See page 20.

Alopecia: Loss of hair. May be a symptom of secondary syphilis characterized by a ragged, moth-eaten appearance. May affect hair of scalp and eyebrows.

Antibiotic: A microorganism-produced chemical that inhibits or destroys the growth of bacteria and other microorganisms. Penicillin and tetracycline are common antibiotics used in the treatment of STDs.

Antibody: A blood protein produced in response to an antigen (or disease-causing organism).

Anus: External opening of the rectum.

Antigen: A substance (usually the disease-causing organism) with the ability, when introduced into the body, to stimulate the production of a specific antibody.

Asymptomatic: Without symptoms; that stage of a disease when there are no symptoms.

Bacteria: A general term for some microorganisms which may be important to man because of their chemical effects; may be beneficial or pathogenic.

Bartholin's glands: Two secreting glands found at each side of the vaginal entrance.

Benign: Not recurrent; not malignant; favorable for recovery.

Bladder: A membranous sac that serves as a receptacle of liquids, especially the urinary bladder.

Candidiasis: A vaginal infection caused by yeast-like fungi. It can be transmitted sexually in some cases.

Carrier: A person who is immune to a disease, but transmits it to others by carrying the pathogens in his body.

Case prevention: Phase of STD control that brings contacts to treatment before the disease develops.

Cervix: Mouth and neck of the womb (uterus); opening into the vagina.

Chancre: A painless sore caused by the syphilis bacterium. It is the first sign of syphilis, and appears at the site where the spirochete entered the body.

Chlamydia: See page 21.

Chronic: Persisting over a long period of time.

Clap: A slang expression for gonorrhea.

Clinical manifestations: The specific findings based on actual observation and examination of patients.

Clitoris: The female organ located just above the urinary opening.

Coitus: See intercourse.

Communicable disease: A disease that can be transmitted.

Condom: A sheath, or cover, for the penis; worn before and during coitus to prevent infection and impregnation. (Slang terms; "rubber", "safe", or "prophylactic")

Condyloma Acuminata: Genital (or venereal) warts. See page 24.

Condyloma latum: Skin condition of secondary syphilis; wart-like growths in warm, dark, moist areas (mucous membranes) of body; highly infectious.

Congenital: Being present at birth but not necessarily hereditary. Syphilis can be transmitted to the fetus after the 18th week of pregnancy. Early treatment of mother can prevent infection of fetus.

Conjuctivitis: Inflammation of the conjunctiva, the membrane lining the eyelids and exposed surface of the eyeball. A severe form may be caused by infection with gonococci.

Contact: A person exposed to an infected patient during the critical (infectious) period of his diagnosed infection.

Contagious: Capable of being transmitted from one person to another.

Copulation: Act of engaging in sexual intercourse.

Cowper's glands: Tubular glands that secrete into the male urethra.

Culture: To grow microorganisms in an artificial medium.

Cunnilingus: Oral-genital contact.

Diagnosis: The identification of a disease.

Disease Intervention: Refers to that phase of STD control which employs techniques such as contact interviewing and investigation, blood testing, and education for the purpose of locating and bringing to treatment previously untreated cases of STDs.

Duct: A bodily tube or vessel, especially when carrying the secretion of a gland.

Dysuria: Difficult or painful urination.

Ejaculation: Discharge of semen.

Ectopic pregnancy: The implantation of a fertilized ovum (egg) outside the uterus (the normal place for implantation) e.g. fallopian tube. Can occur when gonorrhea has scarred the tubes; an extremely serious condition.

Endemic: The habitual presence of a disease or infectious agent within a given geographic area.

Epidemic: Any unusual outbreak in the number of diseases or infectious agents within a given geographic area.

Epidemiology: Study of incidence, prevalence, source, and geographic distribution of disease in a community, as well as methods to control them. In STD control, refers to determination of source and spread of infection; contact interviewing, tracing and preventive treatment.

Exposure: A deprivation of protection; i.e. coming in contact with an infectious disease.

Exudate: Material which collects as a result of inflammation. It may contain large numbers of white blood cells. A pus-like discharge is a form of exudate.

Fallopian tubes: A tube-like extension of the uterus that allows eggs (ova) from the ovaries to pass to the uterus.

Fellatio: Oral-genital contact.

Fetus: The unborn human developing in the uterus.

Flora: Plant life - yeast, fungi.

FTA-ABS: Refers to the flourescent treponemal antibody absorption test. The test detects antibodies directed against Treponema pallidum; used to test for the syphilis antibody.

Fungus: Any of a major group (fungi) of saprophytic and parasitic lower plants that lack chlorophyll. Includes molds, rust, mildew, and mushrooms; also infection with a fungus. (e.g. candidiasis)

Gardnerella Vaginitis: See page 22.

Genito-urinary: Pertaining to the generative (sex) and urinary organs. Sometimes called the G.U. tract or system.

Genital: Pertaining to the sex organs.

Genitalia: The reproductive organs.

Genital Warts: See page 24.

Gonococcus: Common name for the bacterium that causes gonorrhea.

Gonorrhea: A sexually transmitted disease caused by the gonococcus. See page 25.

Groin: The lowest part of the abdominal wall, at its junction with the thigh.

Gumma: Lesion or large ulcer seen in a late syphilitic infection.

Hepatitis: Inflammation of the liver, caused by a virus. It is spread by contaminated water and food, or acquired from transfusions, inadequately sterilized needles or syringes, or minor breaks in the skin. May be transmitted by intercourse. See page 26.

Herpes: (Genital) See page 23.

Host: A living animal or plant affording subsistence or lodgment to a parasite.

Immunity: Resistance to a disease, usually associated with possession of antibodies.

Incidence: The rate at which a certain number of new cases of a specific disease occur during a specific period of time - usually one year.

Incubation Period: The stage in the development of a disease between invasion and the first appearance of symptoms.

Infection: Introduction and proliferation of an agent in a host.

Inguinal area: Pertaining to the groin.

Inoculate: To administer, by injection or orally, a serum or vaccine to prevent disease.

Intercellular: Located between or among cells.

Intercourse: Sexual intercourse, or coitus. Usually refers to sexual intercourse, may also refer to oral-genital or oral-anal contact.

Labia majora: The outer, large lips of the female genitalia or vulva.

Labia minora: The small inner lips of mucous membrane of the female external genitalia or vulva.

Latent: Present but not discernible. Also, a stage of syphilis.

Lesion: An abnormal or harmful change in the structure of an organ or tissue, a sore.

Lymph gland (node): One of the rounded masses of lymphoid tissue surrounded by capsules of connective tissue that occur in the course of the lymphatic vessels; nodule, a small, simple lymph gland.

Malodorous: Having a disagreeable odor.

Morbidity: The number of cases of a disease within a population group.

Mortality: The number of deaths due to disease within a population at a given time.

Mucous membrane: Lining of a body passage or cavity which communicates directly or indirectly with the external environment. Secretes a clear, sticky fluid called mucus.

Neisseria gonorrhoeae: The causative organism of gonorrhea.

Non-gonococcal urethritis (NGU): A sexually transmitted disease primarily caused by chlamydia bacteria. Also called non-specific urethritis (NSU). See chlamydia, page 21.

Ovary: The female reporductive gland in which eggs (ova) are produced. There is one near the end of each fallopian tube.

Pandemic: Widely epidemic, world-wide.

Pap smear: A medical test used to discover pre-cancerous or cancerous states of the cervix. Named for its developer, Dr. Papanicolaou.

Parasite: Crganism with the ability to live within, upon, or at the expense of a host.

Pathogen: Microorganisms having the ability to produce disease.

Pediculosis Pubis: Public or crab lice. See page 27.

Pelvic Inflammatory Disease: See PID.

Pelvis: The lower portion of the trunk of the body, bounded by the two hip bones and sacrum and coccyx. (Pelvic examination for women includes interior examination of reproductive organs.)

Penicillin: A potent antibacterial substance used in treatment of many communicable diseases.

Penis: Male organ for copulation (sexual intercourse) and urination.

Pericarditis: Inflammation of the pericardium, the fibroserous sac surrounding the heart. May be produced by bacterial infection, such as gonorrhea.

PID: Pelvic inflammatory disease; a serious infection and inflammation of the organs of the pelvic cavity; complication of gonorrhea in women. Can cause sterility or ectopic pregnancy.

Prevalence: The total number of cases of a disease existing at a point in time in a given area. It represents the reservoir of infection in the community and may be known or estimated.

Prophylactic treatment: Medical treatment of a person who has been exposed to an infectious disease (particularly syphilis and gonorrhea), and who could be now in the incubation period. This treatment will prevent the disease from developing.

Prophylaxis: A prevention or protection against disease.

Prostate gland: Anatomical structure that surrounds the neck of the urinary bladder and the beginning of the male urethra.

Protozoa: The lowest division of the animal kingdom, including unicellular organisms; may be parasitic.

Rectum: The terminal portion of the digestive tract.

Resistance: Those cumulative factors which lead to defense against disease. (see immunity)

Rhagades: Scars or fissures around the mouth or nose resulting from congenital syphilis.

Scrotum: External pouch of skin that contains the testicles.

Semen: Thick whitish fluid ejaculated at male orgasm, contains sperm cells.

Seminal vesicles: Two glands that connect with the ejaculatory duct.

Sexually transmitted disease (STD): A term used to refer to all venereal diseases or diseases transmitted during intimate body contact. Some people consider only the reportable diseases--syphilis and gonorrhea--as venereal diseases. Hence, the usage of this term to include these two diseases as well as others -- chlamydia, genital herpes, etc.

Sign: Any visual evidence of disease.

Spirochete: A commonly used term for the causative organism of syphilis, also treponema pallidum; a corkscrew-shaped bacteria with

unique motility.

Stage: A period or step in the disease process, activity, or development.

Sterility: The condition of being unable to reproduce others of its kind.

Symptom: Subjective (functional) evidence of disease; a condition which a patient may complain of, but cannot be observed by the physician; pain, for example.

Syphilis: A sexually transmitted disease caused by bacteria; the disease may cripple or kill. See page 28.

Testes: Male sex glands; testicles.

Treponema pallidum: The organism, spirochete, that causes syphilis.

Trichomoniasis: See page 29.

Urethra: The tube leading from the bladder to the outside of the body. In the male, the canal serves as a passageway for urine and ejaculate.

Uterus: The womb; the organ in which the fetus is contained prior to birth.

V.D.R.L.: (Venereal Disease Research Laboratory) A lab test most commonly used to test for the diagnosis of syphilis.

Vaccine: A suspension of synthetic or killed microorganisms (bacteria, viruses, or rickettsiae), administered for the prevention or treatment of infectious diseases.

Vagina: Female birth canal and organ for sexual intercourse, or coitus.

Vaginitis: Inflammation of the vagina; marked by pain and by a pus-like discharge. See page 22.

Vas deferens: Anatomical structure connecting the epididymis with the ejaculatory tube; cord that transports sperm.

Vector: A vehicle which transfers an infectious agent from an infected to a susceptible host.

Venereal diseases: A specific group of communicable diseases spread from person to person by direct contact; kissing, petting or intercourse; also called sexually transmitted diseases (STDs).

Vesicle: A small blister.

Virulence: Degree of disease-producing ability.

Virus: One of a group of minute infectious agents, not usually visible under the light microscope, and characterized by lack of independent metabolism and by an ability to reproduce only within living host cells.

Vulva: External female genitalia.

Warts: Genital. See page 24.

Yeast: A minute fungus that reproduces by budding; any of various similar fungi; e.g., Monilia (Candida).

TEXAS DEPARTMENT OF HEALTH MATERIALS

BROCHURES

Title	Stock No.
AIDS	(R-131)
Every Woman Should Know The Facts About Gonorrhea	(6- 47)
Herpes	(6- 70)
Most Frequently Asked Questions About VD	(6- 43)
Questions And Answers About STDs For Young Adults	(6- 74)
VD - Audiovisual Materials	(6- 45)
VD - Facts To Share With Those For Whom You Care	(6- 40)
VD Poster - Don't Wait Until Your Number Comes Up	(4- 93)

To order copies of the above brochures, write:

Literature and Forms
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756

Provide the title, stock number and quantity desired for each brochure requested. Be sure to allow a minimum of 2-3 weeks for your order to be processed.

TEXAS DEPARTMENT OF HEALTH MATERIALS

AUDIOVISUAL MATERIALS

Films and Videotapes

Audiovisual materials available on loan from the Texas Department of Health are listed in the "VD Audiovisual Materials" brochure. The following films and video cassettes should be requested using the form at the end of this section.

All audiovisual materials should be previewed by the instructor before classroom use.

ABOUT V.D. - 131

Color - 14 min. - Junior High to Adult
The film is meant to be used with special audiences, who need tailor-made explanations, either in simple language, sign language, foreign language or in carefully selected terminology. For that reason, the film is silent and composed of stylized, animated drawings depicting the transmission, symptoms, and effects of syphilis and gonorrhea. The instructor has the benefit of doing the talking, while the film provides all the visual materials desired for a clear presentation. 1974.

A HALF MILLION TEENAGERS...PLUS - 654

Color - 17 min. - Junior High to Adult
Both a physiological examination of gonorrhea and syphilis, and a strong appeal to good sense in seeking treatment. Young people describe experiences and raise questions. Extensive animation. 1975.

A HALF MILLION TEENAGERS...PLUS (SPANISH) - 70

Color - 17 min. - Junior High to Adult
Same content as English version. 1975.

HERPES: THE EVASIVE INVADER - 147

Color - 15 min. - Adult
A visually exciting film that graphically depicts the body's reaction to the virus, the prodrome, latency, and viral replication in a non-offensive style through the use of computer graphics, time-lapse microcinematography and creative animation. The film transcends the general biology, clinical and immunological aspects of the disease in an entertaining and informative manner. Emphasis is placed on the immune response, the body's most efficient defender. 1982.

HERPES: THE NEW SEXUAL EPIDEMIC - 945

Color - 17 min. - Junior High to Adult
This film portrays individuals dealing with the emotional and psychological aspects of telling their "significant other" about having herpes. Information regarding the herpes virus group, genital herpes and its symptoms during the primary attack is also included. Information regarding the danger that genital herpes poses to a newborn and its relation to cervical cancer is also presented. The narrator gives some concise do's and don'ts for those who have or think they have genital herpes. 1981.

THE INVADER - 165

Black & White - 33 min. - Adult
Objective of the film is to give authentic information concerning the history, identification, treatment and eventual medical control of syphilis as it has developed over a period of four centuries. With short dramatizations, the film describes the changing attitudes toward the disease. Intended for a wide range of audiences. 1955.

PHYSICAL SIGNS AND EFFECTS OF VENEREAL DISEASE - 52

Color - 28 min. - Adult
A film from the inner woman series, emphasizing the need for women to know more about their bodies. This film discusses the causes, symptoms, effects, and treatment of three venereal diseases. Several graphic presentations are coupled with an interview-type format to talk about gonorrhea, syphilis, and herpes. A knowledgeable physician interviewed by a discerning nurse deal with the dangers of venereal diseases and the problems of asymptomatic people, while going one step further to encourage education and research about sexually transmitted diseases. 1975.

*** YOU'RE NOT ALONE WITH HERPES - 987**

Color - 26 min. - Adult
Excellent film on current information about herpes, all based on recent medical knowledge of the disease. The film focuses on preventing the spread of herpes, and also helps the sufferer come to terms with the disease. A thorough understanding of herpes requires knowledge of the dietary, emotional and stress factors which directly affect recurrence and severity of outbreaks, and offers a bounty of information on these subjects. 1982.

* Also available in 1/2" VHS video cassettes

*** VAGINITIS - 46**

Color - 12 min. - Adult
This timely and important instructional film explains the three types of vaginal infections; bacterial, yeast, and trichomonal. It discusses the various causes of these infections, describes symptoms, and explains how they are diagnosed and treated.

VD - 371

Color - 26 min. - Junior High to Adult
Filmed cinema-verite style at an information center, a school, and venereal disease clinics, the film emphasizes the individual's responsibility in the control of VD. 1972.

*** V.D. AND WOMEN - 720**

Color - 17 min. - Adult
With careful, precise, detailed explanations, this film discusses both the known facts and the warning signals of sexually transmitted infections which females may encounter. Thorough discussions of syphilis, gonorrhea and herpes are included with emphasis on the serious side effects resulting from these infections. Treatment is discussed, and the viewer is taught exactly how to find free V.D. clinics in her county.

VD - A NEW FOCUS - 476

Color - 15 min. - Junior High to Adult
This film presents the misconceptions, facts and solutions to the problem of VD. James Brolin of the Hotel TV series tells the history of VD and discusses the importance of early treatment. Specialist Dr. Stephen Sacks defines VD and lists the symptoms of the disease. Conversations between persons suspecting they have the disease are shown. 1971.

VD-ATTACK PLAN - 431

Color - 16 min. - Junior High to Adult
An animated film by Walt Disney Studios. It is useful in helping students understand the differences between syphilis and gonorrhea, but stresses the need for prevention and early treatment of both. It exposes ignorance, fear and shame as the greatest allies of venereal diseases. One of the best films for use in school health or science classes. 1972.

* Also available in 1/2" VHS video cassettes

VD-ATTACK PLAN - (SPANISH) - 452

Color - 16 min. - Junior High to Adult
Same content as English version. 1972.

VD: OLD BUGS, NEW PROBLEMS - 585

Color - 20 min. - Junior High to Adult
New research has identified many diseases that are transmitted through sexual contact. Because of this, health officials have replaced the term VD with STDs...sexually transmitted diseases. Of increasing concern are such diseases as gonorrhea, herpes simplex II, non-gonococcal urethritis, trichomoniasis, monilia, syphilis, venereal warts, crabs and scabies. This comprehensive survey includes the "old bugs" as well as the "new problems," and reminds individuals of their responsibilities to themselves and others. 1977.

VD: THE HIDDEN EPIDEMIC - 745

Color - 23 min. - Senior High to Adult
This film's honest, scientifically accurate approach includes the history of venereal diseases (gonorrhea and syphilis) and frank discussions between doctors and patients in a treatment center. Cases are illustrated and diagnosed in order to inform and aid youth in the prevention of disease. It is recommended that teachers preview this film before showing it to student groups. 1975.

VD QUESTIONS, VD ANSWERS - 49

Color - 14 1/2 min. - Junior High to Adult
How do we deal with a disease when there are no outward symptoms? Can VD be contracted by contact with a toilet seat? Can syphilis and gonorrhea be caught at the same time? How can they be cured? Can we become immune to VD? Prepared under the medical supervision of the Division of VD Control, County of Los Angeles Health Department, this film dispels the ignorance that prevents treatment and encourages the spread of disease. 1972.

*** V.D.: WHY DO WE STILL HAVE IT? - 986**

Color - 20 min. - Junior High to Adult
Unlike most other films on VD, this film directs questions to a wide age range of students (6th grade through high school). It specifically introduces issues regarding personal values, behavior and responsible decision making. Despite medical achievements, VD has reached epidemic status in the USA today. Why then do we still have VD? It is this basic question the film asks of a representative group of students, doctors and nurses. Animated sequences clearly and directly show how VD spreads, what the symptoms are and what the long term effects of untreated disease can be. Suggestions are provided on what can be done by any person who thinks that he or she might have VD and how the VD epidemic can be stopped.

TEXAS DEPARTMENT OF HEALTH MATERIALS

To order films, please follow these instructions, and complete the Educational Film Order Blank.

INDIVIDUAL RESPONSIBLE must complete all information before order will be processed. This includes the SSN (Social Security Number) for the INDIVIDUAL RESPONSIBLE.

Keep these things in mind as you fill out the order blank:

Examples:

A. Group together all films needed on same dates.

B. List films needed on same dates in numerical order.

C. Indicates an alternate film.

D. Shows an alternate date.

E. You may strike out "alternate" and order 16 films on this order-blank.

F. Patron must complete date to receive and date to mail back. Orders should arrive at the Film Library ten days prior to your receive date.

G. Please indicate on order blank or call the Film Library office if you have changed your address.

EDUCATIONAL FILM ORDER BLANK

Your confirmation and films will be sent to address given here. Please give accurate, complete & legible information.

TEXAS DEPARTMENT OF HEALTH
Reprographics and Educational Services
Film Library
1100 W. 49th Street
Austin, Texas 78756
(512) 458-7260

Please see statement on reverse side.

Individual Responsible John Doe **SSN** 346-18-9034

Organization First High School **Business Phone** (512) 458-7260 (Area Code)

Address 1212 Rio Grande **County** Your

City Any City **Zip Code** 78701 **Home Phone** Your

Orders should arrive at the film library ten days prior to your receive date. Don't forget to include your Social Security No.

Patron must enter dates

			FILM NO.	DATE TO RECEIVE	DATE TO MAIL BACK
1	First Choice	Handwashing Of Kitchen Utensils & Glassware	129	11-19-84	11-21-84
	Alternate				
2	First Choice	Teeth...Are Good Things To Have	235	11-19-84	11-21-84
	Alternate				
3	First Choice	None For The Road	442	11-19-84	11-21-84
	Alternate				
4	First Choice	VD: Old Bugs, New Problems	585	12-10-84	12-14-84
	Alternate	Herpes: The New Sexual Epidemic	945	12-10-84	12-14-84
5	First Choice				
	Alternate				
6	First Choice	Too Tough To Care	47	12-12-84	12-14-84
	Alternate			12-17-84	12-21-84
7	First Choice				
	Alternate				
8	First Choice	Heart To Heart	35	1-14-85	1-18-85
	Alternate	Nobody's Victim	587	1-21-85	1-15-85

A B C D E F

Shipping Address If Different Than Above

FILM NOT BOOKED FOR THE REASON CHECKED

- ☐ Failure to Give Dates
- ☐ Booked to Another User
- ☐ Request Too Long (Limit 2 Wks.)
- ☐ Request Received Too Late
- ☐ Insufficient Address
- ☐ Failure to Give Name of Person Responsible for film and/or SSN.
- ☐ Not in Library
- ☐ Change of address

97 G

Form No. D-1 revised February 1984

EDUCATIONAL FILM ORDER BLANK

Your confirmation and films will be sent to address given here. Please give accurate, complete and legible information.

TEXAS DEPARTMENT OF HEALTH
Reprographics and Educational Services
Film Library
1100 W. 49th Street
Austin, Texas 78756
(512) 458-7260

Please see statement on reverse side.

Individual Responsible _____ **SSN** _____

Organization _____ **Business Phone** _____ (Area Code)

Address _____ **County** _____

City _____ **Zip Code** _____ **Home Phone** _____

Orders should arrive at the film library ten days prior to your receive date. Don't forget to include your Social Security No.

Patron must enter dates

		FILM NO.	DATE TO RECEIVE	DATE TO MAIL BACK
1	First Choice			
	Alternate			
2	First Choice			
	Alternate			
3	First Choice			
	Alternate			
4	First Choice			
	Alternate			
5	First Choice			
	Alternate			
6	First Choice			
	Alternate			
7	First Choice			
	Alternate			
8	First Choice			
	Alternate			

Shipping Address If Different Than Above

FILM NOT BOOKED FOR THE REASON CHECKED

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- ☐ Insufficient Address
- ☐ Failure to Give Name of Person Responsible for film and/or SSN.
- ☐ Not in Library
- ☐ Change of address

Form No. D-1 revised February 1984

TEXAS DEPARTMENT OF HEALTH MATERIALS

To borrow the following audiovisual materials, contact:

Texas Department of Health
Public Health Promotion - Preventable Disease
1100 West 49th Street
Austin, Texas 78756
512/458-7405

Sexually Transmitted Disease (1983) Video cassette.
(1/2" VHF, 3/4"), color, 30 minutes, junior and senior high - adult. Tastefully developed in Utah and highly recommended for school use, this video discusses concerns of parents about morality, but emphasizes that STDs are communicable diseases that must be treated. Film follows 2 students and their different reactions to possible STDs. Cassettes can be borrowed from Texas Department of Health regional VD programs, Texas Department of Health VD Control Program (Austin) or the Texas Education Agency.

River of Fire (1983) Video cassette.
(3/4" VHF, 1/2") Color, 30 minutes, junior and senior high - adult. Developed in Utah, this video discusses making responsible sexual choices and the possible ramifications of becoming sexually active. The teenagers portrayed in this program choose to postpone sexual activity.

The Intimate Epidemic (1984) Video cassette.
(3/4" VHF, 1/2") Color, 4 hours, senior high - adult.
A Lifetime Cablevision program that approaches the STD problem in a comprehensive manner - including professional advice on methods of STD protection and treatment. The TV program format may be appealing to teenagers, and individual program segments may be used.

Herpie - The New VD Around Town (1983) Filmstrip and cassette.
Color, 11 minutes, cartoon, junior and senior high.
Covers Herpes I and II - symptoms, transmission, management and prevention in an appealing format.

STD - An Update (1981) Set of 3 filmstrips and cassettes:
- The STD Gang - 15 minutes
- Prevention & Treatment - 10 minutes
- Can The Battle Be Won? - 13 minutes

Uses cartoons, case studies and documentary material to cover gonorrhea, syphilis, NGU, genital herpes and trichomoniasis. Discusses how teenagers are affected and what their responsibilities are. Includes Teacher's Guide and decision making activities.

ADDITIONAL RESOURCES

REFERENCES

"A Nasty New Epidemic", Newsweek, February 4, 1985, p. 72-73.

Foundations For Decision Making - A VD Teaching Guide, American Council for Healthful Living, 1979. (439 Main Street, Orange, New Jersey 07050)

Kroger, Fred and Wiesner, Paul J., "STD Education: Challenge for the 80's", The Journal of School Health, April 1981.

Sexually Transmitted Diseases Reference Sheets, Planned Parenthood Federation of America, Inc. (810 Seventh Avenue, New York, New York 10019)

Yarber, William L. STD: A Guide For Today's Young Adults (Teacher and Student Manuals), American Alliance for Health, Physical Education, Recreation and Dance, 1985. (1900 Association Drive, Reston, Virginia 22091)

ADDITIONAL RESOURCES

Resource Agencies

LOCAL

City, county or regional health department*
Local medical society*
Local Family Planning or Planned Parenthood clinic*
Local library

* Local speakers can be requested to make presentations

STATE

Texas Department of Health
Venereal Disease Control Division (512-458-7225)
Public Health Promotion Division (512-458-7405)
1100 West 49th Street
Austin, TX 78756

Texas Education Agency (512-475-3653)
201 East 11th Street
Austin, TX 78701

Texas Medical Association (512-477-6704)
1801 North Lamar
Austin, TX 78701

Texas Nurses Association (512-452-0645)
314 Highland Mall Blvd.
Austin, TX 78752

NATIONAL

NATIONAL VD HOTLINE
1-800-227-8922
Toll Free
10 a.m. - 10 p.m. C.S.T.

Centers for Disease Control
Technical Information Services
State & Community Services Division
Atlanta, GA 30333

American Council For Healthful Living
439 Main Street
Orange, NJ 07050

American Social Health Association
260 Sheridan Avenue
Palo Alto, CA 94306

National Foundation/March of Dimes
P.O. Box 2000
White Plains, NY 10502